
In the Matter of the Compensation of
JEREMY PLAYER, Claimant
WCB Case No. 20-03443
ORDER ON REVIEW
Ransom Gilbertson Martin et al, Claimant Attorneys
SAIF Legal Salem, Defense Attorneys

Reviewing Panel: Members Curey and Ceja.

Claimant requests review of Administrative Law Judge (ALJ) Naugle's order that upheld the SAIF Corporation's denial of his occupational disease claim for major depressive disorder and post-traumatic stress disorder (PTSD) conditions. On review, the issue is compensability.

We adopt and affirm the ALJ's order with the following supplementation.¹

Claimant worked as a child welfare district manager for the Oregon Department of Human Services (DHS). (Tr. 81). In that capacity, he oversaw case workers and a program manager that worked directly on child welfare issues. (Tr. 63).

On October 21, 2019, claimant attempted suicide after attending a work meeting where he was put on administrative leave pending a human resources investigation involving complaints against him made by several coworkers and community partners. (Tr. I-93-94, 219-20, -228-29; Exs. 9, 12, 14A).

At the emergency room following the suicide attempt, claimant reported that he attempted suicide because he "got fired today." (Ex. 15-5). He also reported that he had been planning to commit suicide over the previous six months because he felt responsible for the lives of children and for the death of a child who committed suicide while under the supervision of the child welfare system. (Ex. 15-6).

Claimant began treating with Ms. Turgesen, a licensed professional counselor (LPC), on October 30, 2019, and continued to treat with her over several months. (Exs. 25, 26, 31, 32, 35, 37, 38, 40-42, 44, 46-48, 50, 51, 55). Claimant reported being deeply affected by the death and neglect of children under the supervision of DHS and by his supervisor's comments when he was placed on

¹ We do not adopt paragraph five on page five of the ALJ's order.

administrative leave. (Exs. 25-1, 26-1). He reported a family history of depression and suicide. (Ex. 31-1). Ms. Turgesen further recorded instances of childhood sexual abuse and noted that claimant had been experiencing sleep disturbances and nightmares related to that abuse. (Exs. 32-1, 37-1, 38-1). Ms. Turgesen ultimately diagnosed major depressive disorder, a personal history of physical and sexual abuse in childhood, and PTSD (unspecified). (Ex. 38).

From March 25 through July 1, 2020, claimant also treated with Ms. Dee, a licensed clinical social worker. (Exs. 58, 60–62, 64–66, 68, 70, 72, 74, 78, 81, 82, 86). Ms. Dee diagnosed PTSD and major depressive disorder. (Ex. 58). While treating with Ms. Dee, claimant reported feeling guilt about being a bad father and not being able to protect children under the care of DHS. (Ex. 60-1). He reported a family history of suicide and that an immediate family member was recently hospitalized for suicidal ideation. (Exs. 61, 72). Ms. Dee noted that claimant had reported instances of childhood sexual abuse and feelings of self-blame and helplessness related to those events. (Exs. 61, 68, 70). Ms. Dee also recorded that claimant was grieving due to the recent death of a family member. (Ex. 70).

During the same period (March through June 2020), claimant also treated with Ms. Stewart, a psychiatric mental health nurse practitioner. (Exs. 59, 63, 69, 75, 79). Claimant reported that he became severely depressed following work stressors until he ultimately attempted suicide in October 2019. (Ex. 59-1). Ms. Stewart recorded a history of family psychiatric issues and childhood sexual abuse. (Ex. 59-6, -8). She diagnosed major depressive disorder and noted that a diagnosis of PTSD was also being considered. (Ex. 59-7).

On June 8, 2020, claimant filed an occupational disease claim for major depressive disorder and PTSD related to stress from the deaths of children under DHS supervision. (Ex. 73).

A June 23, 2020, “report of findings” from Dr. Young noted that he had interviewed claimant on May 6, 2020 and June 18, 2020. (Ex. 80) Dr. Young recorded that claimant reported becoming withdrawn and depressed after the deaths of several children under DHS supervision because he felt responsible for the deaths and felt that DHS policies had contributed. (Ex. 80-1). He recorded claimant’s reports of depressed mood, fatigue, sleep issues, severe anxiety, and an inability to remember things and follow conversations. (Ex. 80-1-2). Based on his interpretation of the results of a Mini International Neuropsychiatric Interview, Dr. Young diagnosed major depressive disorder and severe co-morbid PTSD. (Ex. 80-2).

On July 13, 2020, SAIF denied claimant's occupational disease claim. (Ex. 83).

On October 6, 2020, Dr. Renteria, a neuropsychologist, examined claimant at SAIF's request. (Ex. 85). She noted that it was difficult to determine all of the applicable diagnoses because of symptom magnification and inconsistencies between claimant's reported history and the available medical records. (Ex. 85-1-2). As such, Dr. Renteria opined that she was unable to determine the veracity of the PTSD diagnosis. (Ex. 85-2).

Dr. Renteria ultimately opined that the claimant's work exposure (including the deaths of children under the supervision of DHS) was not the major contributing cause of claimant's current mental state. (Ex. 85-6-7). She explained that claimant likely had preexisting psychiatric issues, including an unspecified bipolar disorder. (*Id.*) She further explained that other circumstances were likely contributing to claimant's mental state including preexisting psychiatric issues, a family history of psychiatric difficulties, a childhood history of sexual abuse, the hospitalization of claimant's immediate family member for suicidal ideation, and the recent passing of a relative. (*Id.*)

On March 29, 2021, Dr. Renteria was deposed. (Ex. 88). She reiterated that it was difficult to assess the major contributing cause of claimant's current mental state because of the inconsistencies between claimant's reported history and the medical records. (Ex. 88-16, -25). She opined that, although the deaths of the children may have contributed to claimant's current mental state, they were not the major contributing cause. (Ex. 88-17, -21). She stated that the records revealed that claimant had preexisting psychiatric difficulties possibly dating back to childhood. (Ex. 88-17, -21). In doing so, she specifically referenced chart notes in which claimant reported sleep disturbances and nightmares associated with childhood sexual abuse. (Ex. 88-17).

On August 6, 2021, Dr. Young signed a concurrence report from claimant's counsel. (Ex. 89). Dr. Young opined that claimant met the diagnostic criteria for major depressive disorder and PTSD. (Ex. 89-4-8). He disagreed with Dr. Renteria's diagnosis of preexisting bipolar disorder, explaining that such a diagnosis was not probable given claimant's age and lack of prior psychological treatment. (Ex. 89-4).

Dr. Young opined that, after reviewing all the evidence, the effects of the children's deaths and abuse were the major contributing cause of claimant's major depressive disorder and PTSD conditions. (Ex. 89-4). In doing so, Dr. Young

stated that, “[certainly there are other factors contributing; his family’s dysfunction and being placed on administrative leave with the state for investigation, [but] [h]ad it not been for the death of the children[,] it is unlikely he would have developed a psychological condition at all.” (*Id.*) Dr. Young also opined that claimant’s history of sexual abuse as a child “had no bearing on [his] current situation with the exception of becoming a child protective service worker because of his desire to stop the abuse of children.” (Ex. 89-2).

On August 11, 2021, Ms. Lee signed a concurrence report agreeing with Dr. Young’s major contributing cause assessment. (Ex. 90-2). On August 18, 2021, Ms. Stewart also concurred with Dr. Young’s assessment. (Ex. 91-2).

The ALJ concluded that, even assuming Dr. Young correctly diagnosed the major depressive disorder and PTSD conditions, his opinion did not persuasively establish that “nonexcluded” work-related causes were the major contributing cause of those conditions. Accordingly, the ALJ upheld the denial.

On review, claimant contends that the opinion of Dr. Young, as supported by the opinions of Ms. Dee and Ms. Stewart, persuasively establishes the compensability of the major depressive disorder and PTSD conditions. Based on the following reasoning, we disagree with claimant’s contention.

To support the compensability of a mental disorder claim, the record must establish that there is a diagnosis of a mental or emotional disorder generally recognized in the medical or psychological community, and that the employment conditions producing the mental disorder existed in a real and objective sense. ORS 656.266(1); ORS 656.802(3)(a). The record must also support a conclusion, by clear and convincing evidence, that the mental disorder arose out of and in the course of employment. ORS 656.802(3)(d). To be “clear and convincing,” the truth of the facts asserted must be highly probable. *Riley Hill Contractor Inc. v. Tandy Corp.*, 303 Or 390, 402 (1987); *David M. Sinclair*, 67 Van Natta 63, 64 (2015).

As in all occupational disease claims, employment conditions must be the major contributing cause of the disorder. ORS 656.802(2)(a). Moreover, ORS 656.802(3)(b) requires that the employment conditions producing the mental disorder not be conditions generally inherent in every working situation; reasonable disciplinary, corrective, or job performance evaluation actions by the employer; or cessation of employment or employment decisions attendant on ordinary business or financial cycles. The phrase “generally inherent in every

working situation” means those conditions that are usually present in all jobs and not merely in the specific occupation involved. *Whitlock v. Klamath County School Dist.*, 158 Or App 464 (1999); *Robert P. Parker*, 73 Van Natta 359, 360 (2021).

In the context of a mental disorder claim, both those factors excluded by ORS 656.802(3)(b) and nonwork-related factors must be weighed against nonexcluded work-related factors. *Liberty Northwest Ins. Co. v. Shothafer*, 169 Or App 556, 565-66 (2000). The claim is compensable if the nonexcluded work-related causes outweigh all other causes combined. *Id.*

Whether the claimed mental disorder condition was caused in major part by work exposures or otherwise meets the “mental disorder” criteria presents a complex medical question that must be resolved by expert medical opinion. *See Uris v. Compensation Dept.*, 247 Or 420, 426 (1967); *Barnett v. SAIF*, 122 Or App 281, 283 (1993). When medical experts disagree, we give more weight to those opinions that are well reasoned and based on complete information. *Jackson County v. Wehren*, 186 Or App 555, 559 (2003); *Somers v. SAIF*, 77 Or App 259, 263 (1986).

Here, claimant relies on the opinion of Dr. Young, with which Ms. Dee and Ms. Stewart concurred. As discussed above, Dr. Young opined that the deaths of several children under DHS supervision was the major contributing cause of the major depressive disorder and PTSD conditions. (Ex. 89-7-8). In doing so, Dr. Young acknowledged that claimant’s “family dysfunction” and being placed on “administrative leave” were also contributing factors. (Ex. 89-8). However, he did not expressly weigh the relative contribution of each of those contributory causes. Instead, he concluded, without explanation, that “had it not been for the deaths of the children, it is unlikely [claimant] would have developed a psychological condition at all.” (*Id.*) Under such circumstances, Dr. Young did not persuasively analyze the relative contribution of the “family dysfunction” and “administrative leave.” *See Shothafer*, 169 Or App at 565-66; *Anastacia L. Clark*, 71 Van Natta 994 (2019) (rejecting physician’s opinion that did not expressly weigh relative contribution of each contributing factor to the claimant’s mental disorder).

Further, Dr. Renteria noted several additional issues potentially contributing to claimant’s mental state, including preexisting psychiatric difficulties, a family history of psychiatric difficulties, the recent hospitalization of immediate family member, and the recent passing of a relative. (Ex. 85-6-7). However, Dr. Young

did not specifically address any of those issues or explain their contribution, or lack thereof, to claimant's mental state. In the absence of an explanation regarding the potential contributors discussed by Dr. Renteria, Dr. Young did not persuasively consider or analyze the relative contribution of each of potential contributing cause advanced by Dr. Renteria.²

Finally, Dr. Renteria listed two instances of childhood sexual abuse/trauma in claimant's history as contributing to his current mental state. (Ex. 85-6). Dr. Young acknowledged those incidents, but concluded that they had "no bearing" on claimant's present mental state. (Ex. 89-2). In doing so, however, Dr. Young did not address the medical records, noted by Dr. Renteria, stating that claimant was experiencing nightmares and sleep issues associated with his past abuse. (See Exs. 37-1, 38-1, 43-1, 85-23-24). Accordingly, we further discount Dr. Young's opinion because it was based on an incomplete history.³ See *Miller v. Granite Constr. Co.*, 28 Or App 473, 476 (1977) (finding medical opinion that is based on an inaccurate of incomplete history to be unpersuasive).

Ms. Dee and Ms. Stewart concurred with Dr. Young's opinion, and did not provide independent explanation concerning the major depressive disorder and PTSD conditions. (Exs. 90, 91). Thus, without further explanation, we find their opinions unpersuasive. See *Joel R. Hopson*, 72 Van Natta 958 (2020) (physician's opinion that concurred with another physician's opinion that was found unpersuasive was likewise unpersuasive).

² Even assuming that each of the additional issues noted by Dr. Renteria was included in Dr. Young's reference to claimant's "family dysfunction," as explained above, Dr. Young failed to specifically weigh the relative contribution of claimant's "family dysfunction." See *Shothafer*, 169 Or App 565-66; *Clark*, 71 Van Natta 994 (2019).

³ Claimant asserts that Dr. Young's opinion should not be discounted for failing to weigh the relative contribution of policy changes at work against the relative contribution from the children's deaths because the policy changes were not generally inherent in every working situation. We agree that Dr. Young was not required to weigh the relative contribution of the policy changes because, although claimant testified that such changes preceded his depression, no medical provider identified the policy changes as contributing to claimant's mental state or PTSD and major depressive disorder conditions. (Tr. 123-24); see *James D. Hibbs*, 72 Van Natta 819 (2020) (physician's opinion not discounted for failing to weigh relative contribution of factors that no medical opinion identified as contributing to the claimed mental disorder condition). Nonetheless, based on the reasoning above, we find Dr. Young's opinion insufficient to establish the compensability of the PTSD and major depressive disorder conditions for other reasons.

Accordingly, we conclude that the record does not establish the compensability of the major depressive disorder and PTSD conditions.⁴ Accordingly, we affirm the ALJ's order.⁵

ORDER

The ALJ's order dated April 15, 2022, is affirmed.

Entered at Salem, Oregon on May 23, 2023

⁴ In reaching this conclusion, we acknowledge claimant's contentions regarding Dr. Renteria's opinion. However, given our conclusion that Dr. Young's opinion, with which Ms. Dee and Ms. Stewart concurred, is unpersuasive, we need not address the persuasiveness of Dr. Renteria's countervailing opinion. *See Lorraine W. Dahl*, 52 Van Natta 1576 (2000).

⁵ Because we have concluded that Dr. Young's opinion does not persuasively establish that employment conditions were the major contributing cause of the claimed major depressive disorder and PTSD conditions, we need not decide whether claimant was appropriately diagnosed with a condition generally recognized in the medical or psychological community.